

his prescribing to those remedies about which facts, rather than fiction, are known. It is not the druggist who rushes to the jobber for a stock of some new-fangled stuff—let us say anasarcine, the “cure for dropsy”—and then hastens to beg the physician to prescribe it. Rather it is with a feeling of dread that the pharmacist hears of some such preparation, originating in a commercial mind and foisted upon a credulous profession for the enrichment of the maker and not for the benefit of a suffering public and profession. He knows that soon the lying “detail man” will be about among the physicians, and then some of them, all too ignorant of what they should know, will begin to prescribe it and he will have to invest more money, uselessly, and cumber his shelves with one more of the horde of rank nostrums. And just now the country seems to be troubled by a pest of new “cure alls”. They have appeared like grasshoppers in Kansas—from the Lord only knows where! Beware of the new nostrum; beware of the detail man who has something nice and new and curing. Ask him what the Council on Pharmacy and Chemistry has done about his nice new preparation, and if you will take the time, write to the Council and ask them about it. Your patient has a right to demand that you yourself shall know what you are giving him, and this you cannot know if you depend upon the statements of the manufacturer or his smooth-tongued agent. Nine-tenths of the nostrum business is deceit, and the other tenth advertising. And we are beginning to learn that deceit may exist in high places, and that manufacturers whom we have previously regarded as above question of reproach, may do strange things. Our only hope is in the Council on Pharmacy and Chemistry of the American Medical Association, and in the *Journal of the Association*, which is to undertake to tell us, from time to time, still more of the truth about things pharmaceutical. Do not allow anything to blind you to the enormous value of this Council and its work. Do not allow the inspired criticism of the “published for profit” medical(?) journals to make you believe that there is trouble in the Association or that the work of its Council is not honest. Come back out of the nostrum mire and try to clean up.

We have heard a good deal about habit-forming nostrums, or “patent” medicines, thanks to *Collier's Weekly* and the *Ladies' Home Journal*, and as a result of all this agitation, the Congress has at last enacted a pure food and drug bill that may really, in the long run, do some thing. It actually looks to us, from the way the work has been begun, as though a lot of good will come to the public from that law. But let us look at another side of this question of habit-forming drugs. How many of us use sufficient caution in giving or prescribing medicines containing morphine, opium or cocaine? How is it that so many patients know all about sulfonal and trional and other things? Do you mark your prescriptions “not to be refilled under any circumstances,” and if so, do you back up

the druggist when he refuses to refill such a prescription and gets into a row with the patient? Suppose the patient, liking the medicine which you gave and which so promptly relieved his belly ache, returns to the druggist for more. The druggist states that he cannot refill the prescription without the physician's order. Then the patient becomes suspicious and wants to know if the medicine contains opium or morphine. What is the druggist to do? Sometimes he can get out of it, but mostly he cannot and then he must do one of two things; refill the prescription or flatly refuse and let the patient know that it contains morphine. Then the patient “roasts” his physician for giving him the drug, and then—too often—the physician “roasts” the pharmacist for giving the information to the patient. This is absolutely wrong. If the pharmacist is honest enough to the patient to protect him by refusing to refill such a prescription, he should receive our highest commendation and support rather than our reproaches. But does he? Why not help the pharmacist to do the right thing by writing upon the prescription the statement that it is not to be refilled, or by requesting that *no number be placed upon the container?* In this way the responsibility of the prescription being refilled is eliminated, for the druggist can point out the fact that, as it has no number, it will be quite impossible to refill it and a new prescription must be had from the physician.

This whole question of refilling prescriptions is a big and an important one. Can it not be stopped?

We all know that very often some prescription is given, not necessarily calling for any narcotic drug, which should be used only under certain conditions and which would be harmful under others. Also, we all know that, too often for the good of the taker, prescriptions are passed about from one person to another. Why not get the druggist to print upon his label something of this sort: “This prescription is intended to have a definite effect and should be used only for the time indicated by, and under the observation of, your physician. It will not be refilled without his order.” Furthermore, in the wisdom of the Congress, unquestioned save in some interested quarters, the sale of mixtures containing narcotic or habit-forming drugs, unless the exact amount of such drug contained is stated on the label, is prohibited in the territories and their shipment between states is made illegal. Why not apply this general principle to physicians' prescriptions? Why not specify on the label, “This prescription contains morphine (or chloral, or cocaine, etc.) and under no circumstances is to be refilled. Poison.” Suppose that the pharmacist should undertake to protect the public from its foolish desire for self-medication in this way, would he be supported by physicians? But, it will be contended, it is often necessary to give a patient some narcotic or analgesic and it would be injurious to the patient to know that he was taking such a drug. That may be, and sometimes is, perfectly true. Therefore there is still the more reason why the patient should be fully guarded